

2139 Silas Deane Highway  
Suite 205  
Rocky Hill, CT 06067  
(860) 257-8066 • (860) 257-8074 FAX

Sherry Ostrout, MSW, CMC, President  
Stephen A. Karp, MSW, Executive Director  
naswct@conversent.net  
www.naswct.org

## Testimony on HB 5172: An Act Establishing the Connecticut Healthy Steps Program

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Submitted By: Stephen Karp, MSW

The National Association of Social Workers, CT chapter, representing over 3300 members offers the following comments on HB 5172.

We are opposed to the exclusion of adequate mental health coverage in the “affordable health care plans”, per Section 4, subsections (b) and (c) of Committee Bill 5172. Our specific concerns of this section of the bill are as follows:

1. Subsection (b) allows for policies with minimum mental health coverage to be provided by physicians and clinics, which means clinical social workers and other licensed mental health providers in independent practice would not have to be covered under these plans. This will in effect allow policies to exclude the majority of mental health providers and would greatly limit consumer's access to mental health care.
2. Subsection (c) exempts affordable health care plans from the minimum coverages or benefits under chapter 700c of the general statutes. This will essentially allow the sale of health care policies that are exempt from all of the health care mandates and consumer protections in health insurance law. Of particular concern is exempting mandates for mental health and substance abuse coverage however we are also supportive of the other current mandates, as they assure worthwhile coverage. By removing the consumer's protections under chapter 700c of the general statutes this proposed legislation says consumers beware for you have no recourse from adverse decisions by insurers. Here is just a few of the consumer protections, besides adequate mental health & substance abuse coverage that are not required:
  - Most if not all managed care reforms that protect consumers
  - Internal and external appeals procedures and rights
  - Standard provisions of individual health policies
  - Consumer protections on experimental treatments
  - All of the required coverage of specific conditions
  - Time limits for coverage determination

**In fact exemption of chapter 700c of the general statutes removes the provisions of over 160 pages of insurance law! It leaves insurers to offer as little coverage as they choose with as little consumer protections as they want to include, or no consumer**

protection if that is what the insurer chooses. It negates all of the mandates and protections that the Legislature has over the years put in place.

“Affordable health care plans” have become code words for reduced benefits plans that eliminate or greatly restrict mental health coverage. This is very short sighted as studies have shown that inclusion of full mental health parity will save health care dollars by assuring that individuals receive timely mental health treatment by qualified mental health providers. Policies without mental health parity discourage persons from receiving care, limit access to qualified mental health providers, delay needed care until an acute episode that is at a far greater cost to treat, and/or encourage persons to seek care from primary care providers who are not fully qualified to successfully treat the patient. This leads to employers having a less productive employee and the person being forced to suffer unnecessarily.

The fact remains that reduced coverage plans will not offer enough benefits to create significant enrollments. In states where barebones policies have been offered the enrollment rates have been disappointing to dismal (State Coverage Initiatives Issue Brief - Limited-Benefit Policies:Public and Private Sector Experiences, July, 2004). Other problems with reduced benefits plans include:

- There is no way to know what other coverage will be left out. This bill gives the insurers a carte blanche on coverage by removing legislatively required care.
- Offering “under-insurance” to the uninsured is not an approach we can support. This section offers exactly that, reduced coverage that underinsures the enrollee.
- Reduced coverage plans only decrease premiums on average between 5-9 percent, which is not sufficient to entice employers or individuals who currently cannot afford healthcare. Even these savings may be offset, however, since individuals holding barebones policies often access uncompensated care services through the safety net (State Coverage Initiatives).
- There already exists in the marketplace high deductible plans and Health Savings Accounts that individuals can purchase for coverage. This alleviates the need for reduced coverage policies.

The concept of “affordable health care plans” is on the surface appealing. Yet affordable does not necessarily equate with quality. Some of you may remember the affordable automobile called a YUGO. It made a new automobile purchase affordable for many who could not otherwise purchase a new car, but that purchase was immediately followed by buyers regret. Reduced coverage health plans are the YUGO of health insurance plans. Less expensive to buy but when you try to use it you find it doesn’t take you very far.

Additional comments on Bill 5172:

If 5172 does move forward we strongly recommend that the Health Care Advocate, or their designee, be included in the permanent members of the Health Care Reform Commission (Sec. 2. (a)).

Section 4. (f) allow insurer’s offering an individual affordable health care plan through the Connecticut Connector to deny coverage to applicants or impose additional costs on applicants

who have one or more pre-existing conditions. It is this population that has the most difficulty finding and affording health coverage. This section clearly will weed out persons with pre-existing conditions, thus making the Healthy Steps Program the "Healthy Applicants Program". To the extent that this bill is meant to help cover the uninsured this section defeats that purpose.

NASW/CT urges you to delete the language in Bill 5172 that strips away mental health parity and all of the other consumer protections in chapter 700c of the general statutes. We also urge you to rectify the other concerns raised in this testimony. If mental health parity is not included in the affordable health plans and denial for pre-existing conditions remains, we ask that you vote against Bill 5172.

